

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

## JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY\*)

**ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.**

### PERSON TO RECEIVE PAYMENTS:

Name: \_\_\_\_\_

Gender:    Male    Female    Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

### PERSON TO MAKE PAYMENTS:

Name: \_\_\_\_\_

Gender:    Male    Female    Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Other (cell, pager): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS:** Firm Name: \_\_\_\_\_

Payroll Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Additional children listed on attached sheet.

### FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Due Date _____	Due Date _____
	Thru Date _____		Thru Date _____	Med Bills _____
	Due Date _____		Due Date _____	Frequency _____